

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	0	20	0	x \$ 52 (1202)	\$ 0
Independent Claims	0	3	0	x \$ 220 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 390 (1203)					\$ 0
Total Claim Amendment Fee					\$ 0
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

By: 

Alan E. Kopecki
Registration No. 25813

Date February 24, 2009

P.O. Box 1404
Alexandria, VA 22313-1404
703 836 6620



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	MAIL STOP AF
Olle Hemmingson)	
Application No.: 10/576,560)	Group Art Unit: 3724
Filed: November 6, 2006)	Examiner: Bharat C Patel
For: DISC SAW BLADE)	Confirmation No.: 3806
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REQUEST FOR RECONSIDERATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated November 28, 2008 reconsideration of the subject application is requested for the following reasons.